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Page 1 of 1

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/872,347	06/01/2001	Larry I. Benowitz	CMZ-128

000959  
LAHIVE & COCKFIELD  
28 STATE STREET  
BOSTON, MA 02109

CONFIRMATION NO. 1168

FORMALITIES LETTER



\*OC000000007030883\*

Date Mailed: 11/06/2001

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

*Filing Date Granted*

The U.S. Patent and Trademark Office has received your reply on 10/05/2001 to the Notice to File Missing Parts (Notice) mailed 08/02/2001 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application.

The required items noted below SHOULD be filed along with any items required above. The filing date of this nonprovisional application will be the date of receipt of the items required above.

- The oath or declaration is unsigned.

*A copy of this notice **MUST** be returned with the reply.*

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PART 2 - COPY TO BE RETURNED WITH RESPONSE



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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/872,347
Filing Date	06/01/2001
First Named Inventor	Larry I. Benowitz
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	701039-052161

Total Number of Pages in This Submission

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br>(for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br>Declaration/Power of Attorney;<br>Associate Power of Attorney;<br>Certificate of Mailing; Check -<br>\$720.00; Return Receipt Postcard. |
|--|---|--|

**Remarks**The Commissioner is authorized to charge fee deficiencies to the NIXON PEABODY LLP  
deposit account 50-0850.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Lana A. Shvartsman (Reg. No. 48,502) NIXON PEABODY LLP, 101 Federal Street, Boston, MA 02110
Signature	<i>Lana A. Shvartsman</i>
Date	January 30, 2002

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class  
mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1/30/02

Typed or printed name	Lisa L. Feeney		
Signature	<i>Lisa L. Feeney</i>	Date	1.30.02

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PTO/SB/17 (11-01)

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 720.00

## Complete if Known

Application Number	09/872,347
Filing Date	06/01/2001
First Named Inventor	Larry I. Benowitz
Examiner Name	To be assigned
Group Art Unit	To be assigned
Attorney Docket No.	701039-052161

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account: Charge fee deficiencies

Deposit  
Account  
Number  
Deposit  
Account  
Name

50-0850

NIXON PEABODY LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$ )

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent			=

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ )

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	720.00
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	480	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 720.00

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lana A. Shvartsman	Registration No. (Attorney/Agent)	48,502	Telephone	(617) 345-6057
Signature		Date	1/30/02		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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M.M.  
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0360  
\$  
Docket No. 701039-052161

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Larry I. Benowitz

Examiner: To be assigned

Serial No.: 09/872,347

Group: To be assigned

Filed: 06/01/2001

Title: METHODS AND COMPOSITIONS FOR PRODUCING A NEUROSALUTARY  
EFFECT IN A SUBJECT

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form – PTO/SB/21 (1 pg);
2. Copy of the Notice of Incomplete Reply (1 pg.);
3. Declaration/Power of Attorney – executed by Larry I. Benowitz (3 pg.);
4. Associate Power of Attorney (1 pg.);
5. Petition for Extension of Time – 4 mos. – PTO/SB/22 (1 pg)
6. Fee Transmittal – PTO/SB/17 (1 pg);
7. Check - \$720.00;
8. Return Receipt Postcard;

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transmitted by facsimile to the Patent  
Trademark Office.

Date: January 30, 2002

Lisa L. Feeney  
Signature

Lisa L Feeney  
(type or print name of person certifying)